

**Testimony of**  
**Thomas M. Halaszynski, M.D., D.M.D.**  
**on**  
**HB 6674**  
**“An Act Concerning Workforce Development**  
**and Improved Access to Health Care Services”**  
**before the**  
**Public Health Committee**  
**March 16, 2009**

Senator Harris, Representative Ritter, members of the committee, my name is Thomas Halaszynski. I am a Board Certified Anesthesiologist, President of the Connecticut State Society of Anesthesiologists and a practicing physician at Yale-New Haven Hospital.

I come before you today in opposition to **HB 6674, “An Act Concerning Workforce Development and Improved Access to Health Care Services,”** as it applies to the existing scope of practice for Certified Registered Nurse Anesthetists (CRNAs) in Connecticut. Currently, Connecticut law requires CRNAs to work **“collaboratively”** with physicians licensed in this state. As the statutes define it, collaboration between a CRNA means a mutually agreed upon relationship between the CRNA and the anesthesiologist that details in writing the prescriptive authority of CRNAs and requires that the prescribing and administration of medical therapeutics during surgery be directed by an anesthesiologist who is physically present in the institution, clinic or other setting where the surgery is being performed.

The language in HB 6674 **removes** the specific collaboration requirements between the anesthesiologist and CRNAs and **substitutes** instead that these nurses can work in any setting collaboratively with any “health care provider licensed to practice in this state.” In addition to physicians and nurses, the Department of Public Health currently licenses the following health care providers: acupuncturists, audiologists, chiropractors, dentists, dental hygienists, homeopathic physicians, podiatrists, radiologic technologists, respiratory care practitioners, speech pathologists and veterinarians. In essence, this bill proposes to allow CRNAs to work collaboratively with any one of these professions and would

permit CRNAs to administer anesthesia without the direct supervision of a trained physician.

As anesthesiologists, we value the work of CRNAs who are members of "anesthesia care teams." I must, however, point out the differences in education and training. All anesthesiologists in this state are fully licensed physicians with four years of undergraduate study followed by four years of medical school, at least one year of residency in a field other than anesthesia and then at least three years of residency devoted solely to anesthesiology.

By contrast, CRNAs are registered nurses who undergo four years of undergraduate study leading to a registered nurse degree followed by a two or two and one-half year masters degree program in nurse anesthesia.

The strides that have been made in protecting patient safety by anesthesiologists have been held up as a model to other medical fields. To now remove the requirement that anesthesiologists directly supervise CRNAs and to allow CRNAs to practice collaboratively with any health care specialty will seriously compromise the delivery of health services in this state and severely decrease the quality of care we strive for every day.

**Please don't put patient safety at risk, oppose HB 6674.**